

General

Title

Comfort: score on General Comfort Questionnaire.

Source(s)

Kolcaba K. Comfort theory and practice: a vision for holistic health care. New York (NY): Springer Publishing; 2003. 264 p.

Measure Domain

Primary Measure Domain

Outcome

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Patient Experience

Brief Abstract

Description

This measure assesses quality in terms of comfort using the General Comfort Questionnaire. The questionnaire, given to either patients or family members, measures the extent to which the responder is experiencing comfort at that point in time.

Rationale

Patients and families want and often need to be comforted in stressful health care situations.

It is important to assess aspects of care that patients and families care about.

Comfort is congruent with precepts of complementary therapies and holistic interventions, such as massage, music and art therapy, or spiritual interventions.

The outcome of comfort is of multidisciplinary concern and provides a common and positive goal for

health care teams to meet.

The outcome of patient and family comfort is entailed in standards of care for many settings, including hospice, palliative care, and long-term care (LTC). It is important to determine if these standards of care are met, from the patients' and families' perspective.

Enhanced comfort signifies improvement above a previous baseline in which comfort *needs* were predominate. If associated with specific interventions (comfort measures) provided by health care personnel, the improved state indicates that interventions were effective.

When comfort is increased, patients and families are better able to engage in health seeking behaviors.

As a positive outcome of care, patient and/or family comfort speaks to benefits of care, not merely a decrease or absence of negative outcomes such as nosocomial infections, diminished mobility or function, prolonged length of stay (LOS), or mortality. As such, measures of patient and/or family comfort are positive indicators of quality of care, not just absence of quality.

Primary Clinical Component

Comfort; assessment

Denominator Description

The highest possible score (288 points) on the General Comfort Questionnaire administered to alert, competent individuals

Numerator Description

The raw score of the patient or family member on the General Comfort Questionnaire

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

Quality of care research

Application of Measure in its Current Use

Care Setting

Hospices

Hospitals

Long-term Care Facilities

Residential Care Facilities

Professionals Responsible for Health Care

Measure is not provider specific

Lowest Level of Health Care Delivery Addressed

Single Health Care Delivery Organizations

Target Population Age

Age greater than 18 years

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

Unspecified

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

End of Life Care

Getting Better

Living with Illness

IOM Domain

Patient-centeredness

Safety

Timeliness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

Patients and/or family members in various patient care settings, including acute care, hospice, radiation therapy, community, and long-term care.

Denominator Inclusions/Exclusions

Inclusions

The highest possible score (288 points) on the General Comfort Questionnaire administered to alert, competent individuals

Exclusions

Unspecified

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Institutionalization

Denominator Time Window

Time window follows index event

Numerator Inclusions/Exclusions

Inclusions

The raw score of the patient or family member on the General Comfort Questionnaire

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Institutionalization

Data Source

Patient survey

Level of Determination of Quality

Individual Case

Outcome Type

Quality of Life Measure

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Continuous Variable

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Unspecified

Standard of Comparison

Unspecified

Evaluation of Measure Properties

Extent of Measure Testing

Evidence for face validity exists because patient representatives from each population of interest agreed that the items were relevant to their comfort experiences in each setting, and panels of experts also spoke to the representativeness of the questionnaires.

Concurrent validity is more difficult to assess, because the author is the only person who has developed questionnaires to measure patient and family comfort. Low positive correlations exist between comfort questionnaires and visual analog scales for total comfort and for Relief, Ease, and Transcendence. The visual analog scale for Total Comfort is not sensitive to changes in patient comfort over time.

Adequate construct validity exists because the instruments show statistically significant sensitivity in expected directions. For example, respondents in the community have higher comfort than those in hospital settings and comfort is a strong predictor of success of interventions for urinary incontinence.

Evidence for Reliability/Validity Testing

Dowd T, Kolcaba K, Steiner R. Using cognitive strategies to enhance bladder control and comfort. *Holist Nurs Pract*. 2000 Jan;14(2):91-103. [PubMed](#)

Kolcaba K, Fox C. The effects of guided imagery on comfort of women with early stage breast cancer undergoing radiation therapy. *Oncol Nurs Forum*. 1999 Jan-Feb;26(1):67-72. [PubMed](#)

Kolcaba K, Steiner R. Empirical evidence for the nature of holistic comfort. *J Holist Nurs*. 2000 Mar;18(1):46-62. [PubMed](#)

Kolcaba K. Holistic comfort: operationalizing the construct as a nurse-sensitive outcome. *Adv Nurse Sci*. 1992;15(1):1-10.

Identifying Information

Original Title

General Comfort Questionnaire.

Submitter

Kolcaba, Katharine, PhD - Independent Author(s)

Developer

Kolcaba, Katharine, PhD - Independent Author(s)

Funding Source(s)

Katharine Kolcaba, PhD, developed the General Comfort Questionnaire with funding from the Frances Payne Bolton School of Nursing, Case Western Reserve University.

Composition of the Group that Developed the Measure

Katharine Kolcaba, PhD, was the primary author with help from her colleagues and professors during her PhD program.

Financial Disclosures/Other Potential Conflicts of Interest

Katharine Kolcaba, PhD, has her own consulting company to assist researchers and institutions in applying her principles for measurement of comfort in different populations of patients in health care settings. Information about her services are available at [The Comfort Line Web site](#)

Adaptation

This measure was not adapted from another source.

Release Date

2003 Jan

Measure Status

This is the current release of this measure.

Source(s)

Kolcaba K. Comfort theory and practice: a vision for holistic health care. New York (NY): Springer Publishing; 2003. 264 p.

Measure Availability

The individual measure, "General Comfort Questionnaire," is published in "Comfort Theory and Practice: A Vision for Holistic Health Care."

For further information, contact: Springer Publishing Co., 536 Broadway, New York, NY 10012.

NQMC Status

This NQMC summary was completed by ECRI on March 14, 2003. The information was verified by the measure developer on April 9, 2003.

Copyright Statement

This NQMC summary is based on the original measure and is adapted with permission from Springer Publishing Company.

Requests should be made to: Springer Publishing Co., 536 Broadway, New York, NY 10012.

Disclaimer

NQMC Disclaimer

The National Quality Measures Clearinghouse[®] (NQMC) does not develop, produce, approve, or endorse the measures represented on this site.

All measures summarized by NQMC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public and private organizations, other government agencies, health care organizations or plans, individuals, and similar entities.

Measures represented on the NQMC Web site are submitted by measure developers, and are screened solely to determine that they meet the [NQMC Inclusion Criteria](#).

NQMC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or its reliability and/or validity of the quality measures and related materials represented on this site. Moreover, the views and opinions of developers or authors of measures represented on this site do not necessarily state or reflect those of NQMC, AHRQ, or its contractor, ECRI Institute, and inclusion or hosting of measures in NQMC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding measure content are directed to contact the measure developer.